

**ADMISSION GUIDELINES**

**APPLICATION FOR A CERTIFICATE OF AUTHORITY**

**TO DO BUSINESS IN THE STATE OF**

**MISSOURI**

**AS A FOREIGN INSURER**



**MISSOURI DEPARTMENT OF INSURANCE**

## **CAPITAL AND SURPLUS REQUIREMENTS FOR ADMISSION TO MISSOURI:**

<b>Stock Companies:</b>	<b>Capital</b>	<b>Surplus</b>
Life	\$ 600,000	\$ 600,000
Single Line Casualty	800,000	800,000
Multi-Line Casualty	1,200,000	1,200,000
Title	400,000	400,000

<b>Mutual Companies:</b>	<b>Total Surplus Funds</b>
Life	\$1,200,000
Single Line Casualty	1,600,000
Multi-Line Casualty	2,400,000

## **DEPOSIT REQUIREMENTS FOR ADMISSION TO MISSOURI:**

Deposits are to be held in the amounts listed below in the companies domiciliary state or Missouri.

Life	\$ 600,000 Market Value
Single Line Casualty	\$ 800,000 Market Value
Multi-Line Casualty	\$1,200,000 Market Value
Title	\$ 400,000 Market Value

Admission fees are calculated on a retaliatory basis. A company does not need to submit pre-admission fees unless requested to do so by this office.

When an application package is received in our office it is reviewed by the Financial Regulation Division and Policy Review Section. It is then returned to the Financial Division for a final review by the Chief Financial Examiner.

On the following pages we have tried to explain the item or items that each of these sections require when reviewing new admissions. Hopefully this will assist your company in understanding Missouri's admission process and help to expedite the application once it is received in this office.

## **FINANCIAL REGULATION DIVISION**

A preliminary review of a new admission package is conducted in the Financial Regulation Division. It is our responsibility to review all exhibits, forms, financial requirements and the financial condition of the company.

Please make sure all forms are completed in full with original signatures and the company's corporate seal is affixed where required.

An application which does not include all of the information required by these forms will be returned to the applicant.

In order to fully evaluate the company's application, please submit the following items, **in addition to all exhibits required.**

- 1) Narrative description of the history of the company.
- 2) Explanation of any unique assets, liabilities or operating aspects of the company.
- 3) Detailed Plan of Operation for business in Missouri and total business including a 5 year projection of premium volume by line of business and net income/loss.
- 4) Quarterly financial statements as they become available.
- 5) Provide a summary of your reinsurance program if applicable AND financial information and/or annual statements on major reinsurers of the company must be provided, if the credit taken for ceded reinsurance is greater than 20% of the insurers surplus.
- 6) If applicant is presently engaged in a controversy with any state or federal regulatory agency OR in any formal or informal hearings, please provide information.
- 7) Please provide a rating agency report from the last 5 years from 2 nationally recognized rating services. (If ratings are unavailable for any year of the 5 year period, this shall also need to be disclosed and explained.)

When all of the required information is received, a preliminary review is given by the financial analyst in the Financial Regulation Division. The following is a list of items and documents reviewed:

- 1) The correct company name and address must be shown throughout all documents.
- 2) Check to see that the company has requested the correct line(s) of business.
- 3) Attestations are in the correct places.
- 4) Examination reports are checked for any special notes or serious problems.
- 5) Bylaws are reviewed to see that the requirements of the corporations law is met, procedures are followed for annual meetings, stockholders voting and officers and directors sections are reviewed.
- 6) Biographical affidavits are reviewed to see that all questions are answered and employment history is completed in full. A follow up is done if any person has been affiliated with any activity causing civil or criminal processes. Biographicals must contain original signatures and be attested to.
- 7) Holding company statements are reviewed.
- 8) The number of company complaints is reviewed.

If you have any questions with regards to the admission process or would like information while the application is pending, you may contact the Admissions Specialist at 573/751-4362.

Please send the completed application package to the attention of Admissions Specialist, Missouri Department of Insurance, 301 W. High Street, P.O. Box 690, Jefferson City, Missouri 65102.

The following pages list the exhibits required and forms for applying for admission. Please submit all materials in one mailing.

## **EXHIBITS REQUIRED FOR APPLICATION FOR CERTIFICATE OF AUTHORITY IN MISSOURI**

**EXHIBIT "A"** Application for Certificate of Authority (form enclosed);

**EXHIBIT "B"** Copy of Articles of Incorporation or Association as amended, duly certified by the proper officer of the state under whose laws company is organized or incorporated;

**EXHIBIT "C"** Copy of company's Bylaws certified by company's secretary;

**EXHIBIT "D"** Certificate from the proper official of the state of incorporation or organization that it is duly incorporated or organized and licensed and is authorized to write the kinds of insurance which is proposes to write in State of Missouri;

**EXHIBIT "E"** Certificate of Deposit from state of incorporation showing all sums held for protection of all policyholders;

**EXHIBIT "F"** Certificate of valuation (Life companies only);

**EXHIBIT "G"** Appointment of Missouri Director of Insurance as attorney to accept service of legal process in Missouri (form enclosed);

**EXHIBIT "H"** Copy of most recent annual statement of company on standard form prescribed by National Association of Insurance Commissioners in a 9 x 14 size, actuarial certification and Management Discussion and Analysis;

**EXHIBIT "I"** Copy of the last report of examination certified by an insurance commissioner or other proper supervisory official. Copy of market conduct examination report if available.

**EXHIBIT "J"** All policy forms which the company proposes to use in the State of Missouri. (Please refer to sections regarding policy forms). Life and accident and sickness policy forms must be completed in "John Doe" manner;

**EXHIBIT "K"** A biographical sketch of the directors and officers of the company listed in annual statement; must contain original signatures (form enclosed);

**EXHIBIT "L"** Copy of registration statement of holding company, if company is a member of a holding company system;

**EXHIBIT "M"** A letter from the insurance commissioner of the company's home state stating that, according to his records, the company is prompt and equitable in its loss payments to policyholders and payments are in accordance with policy provisions;

**EXHIBIT "N"** Geographic Discrimination Affidavit (complete enclosed form if requesting Fire and Allied Lines);

**EXHIBIT "O"** Current Audited Financial Report.



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**APPLICATION FOR CERTIFICATE OF AUTHORITY**

P.O. BOX 690  
JEFFERSON CITY, MISSOURI 65102-0690

**INSTRUCTIONS**

This application is to be completed by all insurance companies/associations who wish to transact business in the State of Missouri.

**SECTION A** Indicate by check mark the appropriate type of application (and if applicable, the calendar year requested).

**SECTION B** Complete all identifying data as indicated.

**SECTION C** Check the types and lines of business requested on the schedule.

**SECTION D** After all previous sections have been completed, the authorized company official must sign in the space indicated.

**SECTION A - TYPE OF APPLICATION**

☐ NEW

☐ AMENDED

☐ RENEWAL

TO TRANSACT BUSINESS IN THE  
STATE OF MISSOURI  
\*DURING THE YEAR \_\_\_\_\_

**SECTION B - IDENTIFYING DATA**

NAME (FULL NAME OF INSURER)

HOME ADDRESS

STREET

CITY

STATE

ZIP & 4

MAIL ADDRESS

STREET OR P.O. BOX

CITY

STATE

ZIP & 4

**SECTION C - LINES OF BUSINESS**

☐ **A. LIFE AND HEALTH (Chapter 376, RSMo)**

☐ A1. Life, annuities and endowments (§376.010, RSMo)

☐ A2. Accident and Health (§376.010, RSMo)

☐ A3. Variable Contracts (§376.309, RSMo)

☐ **B. PROPERTY AND CASUALTY (Chapter 379, RSMo)**

☐ B1. Property (§379.010.1 (1), RSMo)

☐ B2. Liability (§379.010.1 (2), RSMo)

☐ B3. Fidelity and Surety (§379.010.1 (3), RSMo)

☐ B4. Accident and Health (§379.010.1 (4), RSMo)

☐ B5. Miscellaneous (§379.010.1 (5), RSMo)

☐ **C. HEALTH SERVICES CORP. (§§354.010 - 354.380, RSMo)**

☐ **D. HEALTH MAINTENANCE ORGANIZATION (§§354.400 - 354.636 , RSMo)**

☐ **E. PREPAID DENTAL PLAN (§§354.700, ET SEQ., RSMo)**

☐ **F. MISSOURI MUTUAL (§§380.011 - 380.151, RSMo)**

☐ **G. EXTENDED MISSOURI MUTUAL (§§380.201 - 380.601, RSMo)**

☐ **G1. Fire (§380.261 (1), RSMo)**

☐ **G2. Windstorm (§380.261 (2), RSMo)**

☐ **G3. Liability (§380.261 (3), RSMo)**

☐ **G4. Crops (§380.261 (4), RSMo)**

☐ **G5. Other (§380.261 (5), RSMo)**

☐ **H. TITLE (Chapter 381, RSMo)**

☐ **I. PROFESSIONAL MALPRACTICE ASSESSABLE (Chapter 383, RSMo)**

☐ **J. POLITICAL SUBDIVISION ASSESSABLE (Sections 537.620 - 537.650, RSMo)**

☐ **K. ASSESSMENT PLAN LIFE (Sections 377.010 - 377.190, RSMo)**

☐ **L. STIPULATED PREMIUM (Sections 377.199 - 377.460, RSMo)**

☐ **M. FRATERNAL BENEFIT (Chapter 378, RSMo)**

☐ **N. OTHER (SPECIFY)**

\*RENEWAL APPLICATIONS MAY NOT REQUEST AN AMENDMENT. A SEPARATE APPLICATION MUST BE SUBMITTED.

**SECTION D - AUTHORIZED OFFICER SIGNATURE**

TYPE NAME OF AUTHORIZED OFFICER

SIGNATURE OF AUTHORIZED OFFICER

TITLE

DATE



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE

**APPOINTMENT OF DIRECTOR TO ACKNOWLEDGE OR RECEIVE SERVICE OF PROCESS**

*Know All Men by These Presents:*

THAT WHEREAS, the \_\_\_\_\_

a corporation organized under the laws of \_\_\_\_\_

and thereby authorized to transact the business of \_\_\_\_\_

Insurance, desires to transact such business within the State of Missouri, pursuant to the laws thereof; and whereas, in and by Section 375.906, Revised Statutes of Missouri, 1978 it is provided as stated in said section, which is in words and figures as follows:

375.906. Foreign companies to appoint director to receive service – methods – penalty. 1. No insurance company or association not incorporated or organized under the laws of this state shall directly or indirectly issue policies, take risks, or transact business in this state, until it shall have first executed an irrevocable power of attorney in writing, appointing and authorizing the director of the department of insurance of this state **to acknowledge or receive service of all lawful process**, for and on behalf of the company, in any action against the company, instituted in any court of this state, or in any court of the United States in this state, and **consenting that service upon the director shall be deemed personal service upon the company**.

2. Service of process shall be made by delivery of a copy of the petition and summons to the director of the department of insurance, the deputy director of the department of insurance, or the chief clerk of the department of insurance at the office of the director of the department of insurance at Jefferson City, Missouri, and **service as aforesaid shall be valid and binding** in all actions brought by residents of this state upon any policy issued or matured, or upon any liability accrued in this state, or on any policy issued in any other state in which the resident is named as beneficiary, and in all actions brought by nonresidents of this state upon any policy issued in this state in which the nonresident is named beneficiary or which has been assigned to the nonresident, and in all actions brought by nonresidents of this state on a cause of action, other than an action on a policy of insurance, which arises out of business transacted, acts done, or contracts made in this state.

3. In case the process is issued by an associate circuit judge, the same may be directed to and served by any officer authorized to serve process in the city or county where the director of the department of insurance has his office, at least 15 days before the return thereof.

4. **Every instrument of appointment** executed by the company shall be attested by the seal of the company and shall recite the whole of this section, and shall be **accompanied by a copy of a resolution of the board of directors** or trustees of the company similarly attested, showing that the president and secretary or other chief officers of the company are **authorized to execute the instruments on behalf of the company**; and if any company fails, neglects, or refuses to appoint and maintain within this state an attorney or agent in the manner herein described, it shall forfeit the right to do or continue business in this state.

5. Whenever process is served upon the director of the department of insurance, the deputy director of the department of insurance, or the chief clerk of the department of insurance under the provisions of this section, the process shall immediately be forwarded by first class mail prepaid and directed to the secretary of the company, or, in the case of an alien company, to the United States manager or last appointed general agent of the company in this country; provided, that there shall be kept in the office of the director of the department of insurance a permanent record showing for all process served the name of the plaintiff and defendant, the court from which the summons issued, the name and title of the officer serving same, and the day and hour of the service.

NOW, THEREFORE, in accordance with the terms and requirements of the Section set forth above, the said \_\_\_\_\_

Company

does, by these presents, appoint and authorize the Director of the Department of Insurance of the State of Missouri (by whomsoever such office of Director may be held and exercised under the laws of the State of Missouri), for the purpose mentioned in the Section recited above, to do any and all the **things** in said Section specified in its behalf to be done, by said Director, the Deputy Director, or the Chief Clerk, of the Department of Insurance of the State of Missouri, including receipt of service of process which **shall** be valid and binding, and be deemed personal service upon the company, so long as it shall have any policies or liabilities outstanding in the State of Missouri.

IN WITNESS WHEREOF, the said company (in accordance with a resolution of its Board of Directors duly adopted on the \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, a certified copy of which appears on

reverse side), hath caused these presents to be subscribed by its President and its corporate seal to be hereto affixed, attested

by its Secretary, at the city of \_\_\_\_\_,

State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Attest:

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
SECRETARY

## COPY OF RESOLUTION

I, \_\_\_\_\_, Secretary of the

\_\_\_\_\_ a corporation existing under the laws of \_\_\_\_\_, do hereby certify that the following is a true and correct copy, from corporate records of said corporation, of a resolution duly adopted by the Board of Directors thereof, at a \_\_\_\_\_ meeting of said Board, a quorum thereof present and acting, on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, to wit:

"RESOLVED, That the president and secretary of this company are hereby authorized to execute in behalf of said company, under the corporate seal thereof, a written instrument in accordance with the insurance laws of the State of Missouri appointing and authorizing the Director of the Department of Insurance of the State of Missouri (by whomsoever such office of Director may be held and exercised under the laws of the State of Missouri), for the purpose mentioned in section 375.906 Revised Statutes of Missouri, 1978, to do any and all the things in behalf of this company specified in said section to be done by said Director, and further consenting that service of process as therein referred to shall be valid and binding, and be deemed personal service upon this company so long as it shall have any policies or liabilities outstanding in the State of Missouri."

*And I do further certify that the said resolution has never been rescinded or reconsidered and still remains in force.*

*GIVEN AND CERTIFIED, at the principal office of said company in the city of \_\_\_\_\_*

*State of \_\_\_\_\_ with the common seal thereof hereto affixed  
by the undersigned, having custody of the same as secretary of said company, this  
\_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.*

ATTEST:

\_\_\_\_\_ Secretary.

INLAND MARINE



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**BIOGRAPHICAL AFFIDAVIT**

## INSTRUCTIONS

Print or type your answers. Complete this biographical affidavit in its entirety. If an item or question does not apply to you, state "none" or "not applicable". Read the definitions before completing this biographical affidavit. Attach additional sheets if the space provided is not sufficient. Original signatures and an oath before a notary are required.

## DEFINITIONS

As used in this biographical affidavit, the following terms mean:

"crime", any action brought by a governmental agency or authority which resulted or could have resulted in a fine, imprisonment, probation, parole, or suspended imposition of sentence, except for traffic infractions.

"insurance company", any insurance company, attorney-in-fact of a reciprocal or interinsurance exchange, and any corporation having the exclusive or dominant right to manage a mutual insurance company.

"license" or "licensed", any license or certificate of authority or certificate of registration.

"terminate" or "terminated" or "termination", any voluntary or involuntary revocation, termination, or suspension, whether temporary or permanent.

NAME OF COMPANY		
1. FULL NAME		SOCIAL SECURITY NUMBER
OTHER NAMES USED AT ANY TIME (ALIAS)		
REASON FOR ALIAS		WAS YOUR NAME LEGALLY CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR NAME CHANGE		
NAME AND LOCATION OF COURT WHERE CHANGE MADE (IF OTHER THAN CHANGE FROM MAIDEN TO MARRIED NAME)		
2. BIRTHDATE	BIRTHPLACE	
3. RESIDENCES FOR THE LAST TEN YEARS STARTING WITH CURRENT ADDRESS. LIST ONLY THOSE ADDRESSES WHERE YOU RESIDED FOR A PERIOD OF AT LEAST SIX MONTHS.		
DATES	ADDRESS (STREET, CITY, STATE, ZIP CODE)	COUNTRY



**4. EDUCATION**

	DATES	NAME	LOCATION (CITY, STATE)	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL					
COLLEGE					
GRAD. STUDIES					

**5. PROFESSIONAL ASSOCIATIONS**

HAVE YOU EVER BEEN A MEMBER OF ANY PROFESSIONAL ASSOCIATION OR SOCIETY? ☐ YES ☐ NO

NAME AND LOCATION OF ASSOCIATION OR SOCIETY	DATE MEMBERSHIP CONFERRED	DATE MEMBERSHIP TERMINATED	IF TERMINATED, EXPLAIN

**6. OWNERSHIP INTERESTS**

(a) Do you own or have beneficial interest in ten percent or more of the voting securities of any corporation or shares of any limited partnership, except for an insurance company? ☐ YES ☐ NO

NAME OF CORPORATION OR LIMITED PARTNERSHIP	NUMBER OF SHARES	PERCENT OF TOTAL	IF PLEDGED, EXPLAIN

(b) Do you own or have beneficial interest in the voting securities of any insurance company? ☐ YES ☐ NO

NAME OF COMPANY	NO. OF SHARES	PERCENT OF TOTAL	IF PLEDGED, EXPLAIN

**7. OCCUPATIONAL INFORMATION**

(a) List occupations for the last ten years, including present occupation.

OCCUPATION, EMPLOYMENT OR BUSINESS	POSITION	DATES	EMPLOYER'S NAME AND LOCATION	REASON FOR LEAVING

(b) List any positions as officer or director of any insurance company including positions currently held unless you have already listed it in 7.(a) above.

NAME OF INSURANCE COMPANY	POSITION	DATES	REASON FOR LEAVING

**8. MILITARY SERVICE**

HAVE YOU EVER SERVED IN THE MILITARY?

☐ YES ☐ NO

BRANCH

SERIAL NUMBER

RANK

DATE OF DISCHARGE

TYPE OF DISCHARGE

IF OTHER THAN HONORABLE, EXPLAIN  
  
\_\_\_\_\_**9. LICENSES**

HAVE YOU EVER BEEN LICENSED BY ANY GOVERNMENTAL AGENCY OR AUTHORITY?

☐ YES☐ NO

LICENSE TYPE	ISSUED BY WHAT AGENCY	DATE ISSUED	DATE/REASON FOR TERMINATION

**10. CRIMES**

HAVE YOU EVER BEEN CHARGED, INDICTED OR CONVICTED OF ANY CRIME?

☐ YES☐ NO

DESCRIPTION OF CRIME	NAME AND LOCATION OF COURT	DATE	CONVICTED (YES OR NO)	IF YES, DESCRIBE PUNISHMENT

11. Have you, or a firm in which you are or were a member, or a corporation or insurance company of which you are or were an officer, director or major stockholder (10% or more) ever

**YES**

**NO**

(a) been charged with any wrongdoing by any governmental authority?

☐☐

(b) been discharged or had a contract of agency terminated by any insurer or employer?

☐☐

(c) been charged in any capacity whatsoever with irregularities in money or any other transaction?

☐☐

(d) compromised liabilities with creditors, been insolvent or been adjudged as bankrupt?

☐☐

(e) been refused or voluntarily withdrawn an application for a license?

☐☐

(f) been fined for other than traffic violations by any state or federal governmental agency or authority?

☐☐

(g) had any judgments which have remained unsatisfied?

☐☐

(h) been involved in any lawsuit as a defendant, other than a lawsuit involving only a claim on an insurance policy?

☐☐

(i) had a fidelity or surety bond refused or revoked or had a claim made against a bond on which you were covered as a principal?

☐☐

If the answer to any of the above is "yes", explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT



Personally appeared before me the above named \_\_\_\_\_

personally known to be, who, being duly sworn, deposes and says that he executed the above instrument, consisting of four pages, and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF _____	YEAR _____
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____	



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**GEOGRAPHIC DISCRIMINATION AFFIDAVIT**

That whereas, the \_\_\_\_\_

\_\_\_\_\_

a corporation organized under the laws of \_\_\_\_\_

and thereby authorized to transact the business of \_\_\_\_\_

\_\_\_\_\_ insurance, desires to transact such business in the  
State of Missouri, pursuant to the laws thereof; and whereby agrees to fairly conduct its business and insure the  
residential property of the citizens of Missouri, regardless of geographic location within the boundaries of the State  
of Missouri.

That the \_\_\_\_\_

\_\_\_\_\_

insurance corporation will exert its best efforts to secure agents and will maintain files indicating their efforts to provide  
coverage and agents to be of service to all citizens of the State of Missouri.

IN WITNESS WHEREOF, the said company hath caused these presents to be subscribed by its President and  
its corporate seal to be hereto affixed, attested by its Secretary, at the City of \_\_\_\_\_ ,  
in the State of \_\_\_\_\_ , on the \_\_\_\_\_  
day of \_\_\_\_\_ , year \_\_\_\_\_ .

ATTEST:

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

# SPECIAL INSTRUCTIONS FOR FILING PROPERTY AND CASUALTY POLICY FORMS WITH APPLICATION FOR CERTIFICATE OF AUTHORITY

Listed on the following two pages are specific instructions and information to help with the filing process of the property/casualty policy forms. All policy forms must be filed for the specific product or products that the company wishes to market in Missouri pursuant to Section 375.811.3.7, RSMo. Please note that forms for each specific line (B1, B2, etc.) for which applied on the Application for Certificate of Authority (Application) must be filed with the Application. If the forms do not accompany the Application, or if certain lines are requested on the Application for which no forms are submitted, the Application will be rejected.

In addition to the Application and necessary policy forms, Form P&C-1, Affidavit for Property & Casualty Insurance, must be filed. Reference of rules, rates and/or forms of another company, even if that company is a member of the same group, is not allowed.

Form P&C-1, allows for the reference of rules, rates and forms of a rating organization. Please be advised that all policy jackets with the current officer's signatures, application, cancellation notices, Missouri mandatory endorsements, and any other policy forms for each line of insurance, must be filed with the Application. The company's name, address and telephone number should be listed on the policy jacket, declaration page or another form that will be attached to all policies.

Questions regarding this filing process may be directed to the Property & Casualty Section at 573/751-3365.

## I. MISSOURI MANDATORY ENDORSEMENTS FOR USE WITH ISO COVERAGE FORMS

POLICY	CURRENT ISO FORM NUMBER
HOMEOWNERS	HO 01 24
DWELLING	DP 01 24
PERSONAL AUTOMOBILE	PP 01 63
<b>ISO SIMPLIFIED COMMERCIAL LINES PROGRAM - 379.883 RSMo</b>	
MISSOURI CHANGES - GUAR. ASSOC./GL	CG 26 25 (3/98 Ed.)
PROPERTY COVERAGE/MO CHANGES	IL 01 01 (5/97 Ed.)
PROPERTY AND LIABILITY/CANCELLATION & NON-RENEWAL	IL 02 74
MO CHANGES - CANCELLATION & NON-RENEWAL/GL	CG 2929(8/88 Ed.)
CRIME COVERAGE	CR 01 27
INLAND MARINE COVERAGE	CM 01 18
BOILER & MACHINERY COV. PART/MO CHANGES	BM 01 24
RAILROAD PROTECTIVE LIAB. COV.MO CHANGES - CANCELLATION & NON-RENEWAL/GL	CG 29 30
BUSINESSOWNERS	IL 02 74, BP 01 11
FARM PROPERTY COVERAGE	IL 01 01
FARM LIABILITY COVERAGE	IL 02 74
COMMERCIAL AUTO MO CANC/NR	CA 02 19
MO UM COV.	CA 21 04
MO SPLIT UM	CA 21 56
MO CHANGES	CA 01 65
MO SPLIT UIM LIMIT	CA 31 04
MO SPLIT UIM	CA 31 05

## II. CLAIMS MADE POLICIES

COMMERCIAL GENERAL LIAB. COV.MO CHANGES - LOSS INFORMATION	CG 01 84
PRODUCTS/COMPLETED OPER. COV./MO CHANGES - LOSS INFORMATION	CG 29 32
LIQUOR LIABILITY COV./MO CHANGES - LOSS INFORMATION	CG 29 31

## III. MISSOURI WORKERS' COMPENSATION MANDATORY ENDORSEMENTS CHAPTER 387. RSMo

	NCCI NUMBER
MISSOURI INFORMATION PAGE	WC 00 00 01 A
MO LIMIT OF LIABILITY	WC 24 03 01
RETROSPECTIVE PREMIUM SUPPLEMENTAL (RETRO PLANS ONLY)	WC 24 05 01
MO CANCELLATION/NON-RENEWAL ENDT.	WC 24 06 01 B
MO PROPERTY AND GUARANTY ASSOC. ENDT.	WC 24 06 02 A
MO CHANGES - GUAR. ASSOC.	CG 26 25



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
PROPERTY AND CASUALTY SECTION

**FILING REQUIREMENTS FOR INSURANCE COMPANIES**

P.O. BOX 690  
JEFFERSON CITY, MO 65102-0690

**STANDARD FIRE, HOMEOWNERS, FARMOWNERS, MOBILE HOMES & COMMERCIAL MULTI-PERIL**

- ☐ Affidavit for Property and Casualty Insurance, Form P&C-1, must be completed and filed with the Application for Certificate of Authority.
- ☐ Policies must comply with Missouri Regulation 20 CSR 500-1.100.
- ☐ Filing of forms, policy jackets, applications (including enrollment forms, underwriting questionnaires, telephone interview forms, etc.), declaration pages, information pages, cancellation or nonrenewal notices, Missouri endorsements and any other required forms, rules and rates must be filed with the application for Certificate of Authority and made in accordance with Missouri Regulation 20 CSR 500-4.100. All forms must be submitted in duplicate with a cover letter.
- ☐ All companies licensed for fire insurance are required to be members of the Joint Reinsurance Association which reinsures the Missouri Property Insurance Placement Facility (FAIR Plan), 906 Olive Street, St. Louis, Missouri, 63101, Telephone Number 314-421-0170.

**AUTOMOBILE**

- ☐ Affidavit for Property and Casualty Insurance, Form P&C-1, must be completed and filed with the Application for Certificate of Authority.
- ☐ All companies licensed for automobile liability are required to be members of the Missouri Joint Underwriting Association, 302 Central Avenue, Johnston, Rhode Island, 02919, Telephone Number 401-946-2310.
- ☐ Policies must contain Missouri exceptions (or endorsements) for Uninsured Motorists Protection by amending, or including, provisions pertaining to: (a) arbitration; (b) uninsured motor vehicle; (c) insurer's insolvency; (d) other insurance clauses as per Missouri Regulation 20 CSR 500-2.100.
- ☐ Filing of forms, policy jackets, applications (including enrollment forms, underwriting questionnaires, telephone interview forms, etc.), declaration pages, information pages, cancellation or nonrenewal notices, Missouri endorsements and any other required forms, rules and rates must be filed with the application for Certificate of Authority and made in accordance with Missouri Regulation 20 CSR 500-2.300, Missouri Regulation 20 CSR 500-4.100 and Section 379.321, RSMo. All forms must be submitted in duplicate with a cover letter.

**GENERAL LIABILITY, FIDELITY AND SURETY, BOILER AND MACHINERY, BURGLARY AND THEFT, PLATE GLASS**

- ☐ Affidavit for Property and Casualty Insurance, Form P&C-1, must be completed and filed with the Application for Certificate of Authority.
- ☐ Filing of forms, bond forms, policy jackets, applications (including enrollment forms, underwriting questionnaires, telephone interview forms, etc.), declaration pages, information pages, cancellation or nonrenewal notices, Missouri endorsements and any other required forms, rules and rates must be filed with the application for Certificate of Authority and made in accordance with Section 379.321, RSMo. All forms must be submitted in duplicate with a cover letter.

**MARINE AND INLAND MARINE**

- ☐ Affidavit for Property and Casualty Insurance, Form P&C-1, must be completed and filed with the Application for Certificate of Authority.
- ☐ Policies and endorsements must comply with Missouri Regulation 20 CSR 500-1.200.
- ☐ Rate filings must comply with Missouri Regulation 20 CSR 500-4.100. For questions regarding Inland Marine Rate filings call the Property & Casualty Section Inland Marine Analyst at 573/751-3365.
- ☐ Filing of forms, policy jackets, applications (including enrollment forms, underwriting questionnaires, telephone interview forms, etc.), declaration pages, information pages, cancellation or nonrenewal notices, Missouri endorsements and any other required forms, rules and rates must be filed with the application for Certificate of Authority and made in accordance with Missouri Regulation 20 CSR 500-4.100. All forms must be submitted in duplicate with a cover letter.

## WORKERS' COMPENSATION

- ☐ Affidavit for Property and Casualty Insurance, Form P&C-1, must be completed and filed with the Application for Certificate of Authority.
- ☐ Filing of company specific forms, policy jackets, applications (including enrollment forms, underwriting questionnaires, telephone interview forms, etc.), declaration pages, information pages, cancellation or nonrenewal notices, Missouri endorsements and any other required forms, rules and rates must be filed with the application for Certificate of Authority and made in accordance with Missouri Regulation 20 CSR 500-6.100 and Missouri Regulation 20 CSR 500-6.950. All forms must be submitted in duplicate with a cover letter.

## TITLE

- ☐ Affidavit for Property and Casualty Insurance, Form P&C-1, must be completed and filed with the Application for Certificate of Authority.
- ☐ Rate Filings must comply with Section 381.201 RSMo., and Missouri Regulation 20 CSR 500-7.100.
- ☐ Filing of forms, policy jackets, applications (including enrollment forms, underwriting questionnaires, telephone interview forms, etc.), declaration pages, information pages, cancellation or nonrenewal notices, Missouri endorsements and any other required forms, rules and rates must be filed with the application for Certificate of Authority and made in accordance with Missouri Regulation 20 CSR 500-7.100 and Section 381.211, RSMo. All forms must be submitted in duplicate with a cover letter.
- ☐ Title Plants owned in whole or in part by the title insurer must be registered to comply with Missouri Regulation 20 CSR 500-7.200.

**COPIES OF THE MISSOURI REGULATIONS MAY BE OBTAINED FROM NATIONAL INSURANCE LAW SERVICE, 20675 BAHAMA STREET, CHATSWORTH, CALIFORNIA, 91311.**

**ALL FUTURE FILINGS SHOULD BE SUBMITTED IN DUPLICATE (SO A STAMPED COPY OF THE FILING CAN BE RETURNED FOR YOUR RECORDS) WITH TWO TD-2 FORMS, A COVER LETTER AND A POSTAGE PAID RETURN ENVELOPE. A \$50.00 FILING FEE WILL BE CHARGED TO EACH COMPANY PER LINE OF BUSINESS (EXAMPLE: FILINGS FOR B1 AND B3 WOULD BE \$100.00 (\$50.00 X 2) BILLED). FILING FEES WILL BE BILLED MONTHLY AND EACH COMPANY IS EXPECTED TO PAY THE TOTAL AMOUNT BILLED BY THE 30TH OF EVERY MONTH.**



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE

**AFFIDAVIT FOR PROPERTY & CASUALTY INSURANCE**

P.O. BOX 690  
JEFFERSON CITY, MISSOURI 65102-0690  
(573) 751-3365

COMPANY NAME	DATE
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References: Sections 374.170; 379.425; 303.200; 379.017; 287.320, RSMo., 1978.

This affidavit shall be filed by all companies authorized to write in Missouri any of the lines listed below. It must be current at all times. The form may be obtained from the Department of Insurance or reproduced by each company. The form must be certified by the signature of an officer of the company. All company, or rating organization filings must be consistent herewith.

A listing of all Advisory Organization rules, rates and forms that will be used by the company, for each line item marked under Box 1, must be submitted with this application.

All policy rules, rates and forms that will be used by the company, for each line item marked under Box 2 and 3, must be submitted with this application.

Insert "X" where applicable. No "Group" affidavits are acceptable.

	BOX 1 NAME OF ADVISORY ORGANIZATION IF EMPLOYED	BOX 2 STANDARD ADVISORY ORGANIZATION			BOX 3 USE OF ADVISORY ORGANIZATION WITH EXCEPTIONS			BOX 4 FILE INDEPENDENTLY			POLICIES ISSUED		NAME OF STATISTICAL ORGANIZATION TO WHOM REPORT UNDERWRITING EXPERIENCE
		RULES	RATES	FORMS	RULES	RATES	FORMS	RULES	RATES	FORMS	PARTIC.	NON- PARTIC.	
1. Fire													
2. Ext. Cov.													
3. Allied Lines													
4. a. Homeowners													
b. Farmowners													
c. Mobile homeowners													
5. Commercial Multi- Peril Pack, Policies													
6. Earthquake													
7. Grow. Crop													
8. Ocean Marine													
9. Inland Marine													
16. Work. Comp.													
17. Liab.-B.I													
18. Liab.-P.D.													
19. Auto Liab.-B.I.													
20. Auto Liab.-P.D.													
21. Auto Phys. Dam.													
22. Aircraft													
23. Fidelity													
24. Surety													
25. Glass													
26. Burg. & Theft													
27. Boiler-Mach.													
28. Credit													
29.													

REMARKS
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SIGNATURE	TITLE	DATE
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## **SPECIAL INSTRUCTIONS FOR FILING LIFE, ACCIDENT AND HEALTH POLICY FORMS**

Insurers seeking authority to issue life or accident and sickness insurance in Missouri must receive formal approval of the portfolio of products they intend to market, before a Certificate of Authority will be issued.

A company can expedite the application process if their portfolio of products is reviewed in advance to assure compliance with Missouri Statutes Chapters 374, 375, 376, 379 and 385 and Missouri Regulations 20 CSR 400-1.010 - .150, 20 CSR 400-2.010 - .140; and 20 CSR 600-2.100 - .600.

### **Special Filing Instructions:**

1. Each form must have a different form number in the lower left hand corner.
2. Please give a contact person and a phone number (toll free or collect) for policy review.
3. Submit actuarial certifications and rates.
4. Submit all policies, certificates, applications, riders, endorsements, enrollment forms, agreements, questionnaires and supplement applications for the product(s) you are filing.

Listed below is information on premium tax, renewal fees and filing requirements which will be beneficial once a company has been issued a Certificate of Authority.

## **PREMIUM TAX**

Missouri's premium tax rate is 2%. Tax is based upon the direct premium written within the state less dividend deductions, returned premium and group health benefits. Please reference Sections 148.340, 148.350, 148.390 and 148.400 RSMo., for further information. The 2% tax may be reduced by tax credits for Missouri examination fees paid, Missouri valuation fees, personal property taxes paid to Missouri cities and counties, Missouri Insurance Guaranty Associations' assessments (Chapter 375.774 and 376.745 RSMo.) and numerous economic development tax credits as listed on the tax return.

Beginning January 1, 1987 all new and renewal considerations collected for annuities are exempt from tax.

Tax returns are to be filed on or before March 1 each year. Quarterly tax payments of 25% of the prior year's tax are due on March 1, June 1, September 1 and December 1 with the reconciling payment due with the June 1 quarterly tax payment. Refunds of overpayments may be issued in accordance with Chapter 136.035 RSMo.

Workers' Compensation premiums are taxed under Chapter 287.710 RSMo. at a rate set annually, not to exceed 2%.

The retaliatory tax law Chapter 375.916 RSMo., requires retaliation in the aggregate. Page 4 of the tax return calculates this tax based upon the difference between the fees, licenses and taxes of each state.

Annual tax returns are mailed to the insurance companies in November or December along with the March 1 quarterly tax assessment form. The other three quarterly tax assessment notices are sent approximately 30 days before the due date.

## **ANNUAL FILING REQUIREMENTS AND RENEWAL FEES**

In November or December of each year our office will distribute an annual renewal packet that will explain the filing requirements and include the forms needed for filing the annual statement and supplementary papers, that are due March 1.

In June of each year our office will send an invoice for a company's annual renewal fees that are due in July.

**WE HOPE THIS PACKET HAS BEEN INFORMATIVE AND HELPFUL IN COMPLETING AN APPLICATION TO DO BUSINESS IN THE STATE OF MISSOURI.**

**THANK YOU FOR YOUR INTEREST IN MISSOURI. IF OUR OFFICE CAN BE OF ANY FURTHER ASSISTANCE, PLEASE LET US KNOW.**

**WE HOPE TO WELCOME YOU AS A VALUED CITIZEN OF OUR STATE VERY SOON.**

**THANK YOU.**

